DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193
The transfer of the transfer o	1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	9 5 — 0 2 9 LOUISIANA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	<b>шшышышы</b> July 1, 1995**
5. TYPE OF PLAN MATERIAL (Check One):	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CON	SIDERED AS NEW PLAN 🖾 AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	DMENT (Separate Transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 1994-95 \$ (24,779,791) *
42 CFR 447.253	b. FFY 1995-96 \$ (99,084,886) *
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Attachment 4.19-A, Item 1, Page 10i(6)	Same TN 94-22
Attachment 4.19-A, Item 1, Page 10j***	Same TN 94-33***
and public non-state hospitals indigent days p  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL: Rose V. Forrest  14. TITLE: Secretary  15. DATE SUBMITTED:	nts for public state-operated, private hospital
September 27, 1995	
	CE USE CRITY
17 DATE RECEIVED: October 3, 1995	18: DATE APPROVED: December 19: 2000
PLAN APPROVED - O	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 1995	20 SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: XSKKYKYMYKAKOK Calvin G. Cline	22. TITLE: Associate Regional Administrator Division of Medicaid and State Operati
** Effective Date Corrected to Reflect July 1, ***Added Attachment 4.19-A, Item 1, Page 10j to	e two amendments.

## **STATE OF LOUISIANA**

#### PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

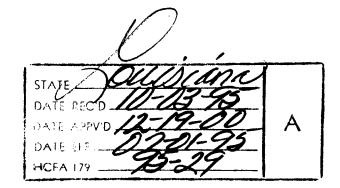
#### METHODS AND STANDARDS FOR ESTABLISHING RATES - IN-PATIENT HOSPITAL CARE

CITATION 42 CFR 447.253 OBRA-90 P.L. 101-508 Sections 4702-4703 P.L. 102-234 and OBRA 1993	Medical and Remedial Care and Services Item 1 (Contd.).
Section 13621	

- 4. Disproportionate Share Payment Adjustments for Public Hospitals - Effective July 1, 1994 through June 30, 1995
  - The following six (6) pools are eliminated a. from the DSH Medicaid Days Pools Payment Methodology under Item D.3. above: Public State-Operated Teaching Hospitals, Public State-Operated Non-teaching Hospitals, Public State-Operated Teaching Distinct Part Psychiatric Units/Freestanding Psychiatric Hospitals, Public State-Operated Teaching Distinct Part **Psychiatric** Units/Freestanding Psychiatric Hospitals, Public Local Government Acute Hospitals and Public Local Government Distinct Part Psychiatric Units/Freestanding Psychiatric Hospitals.

DSH payments to individual publicly-owned or operated hospitals as defined below (except for those hospitals qualifying for payments in the transition period as described below) will be equal to one hundred (100%) percent of the hospital's uncompensated costs as defined below subject to the adjustment provision of 1.D.4.f. below.

A transition period for services furnished from July 1, 1994 through June 30, 1995 is provided for high disproportionate share public hospitals as defined below. Public "high disproportionate share hospitals" shall receive disproportionate share payments equal to two hundred (200%) percent of the hospital's uncompensated costs as defined below subject to the adjustment provision of 1.D.4.f. below.



Approval Date 12-19-10

# STATE OF LOUISIANA

#### PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

# METHODS AND STANDARDS FOR ESTABLISHING RATES - IN-PATIENT HOSPITAL CARE

CITATION 42 CFR 447.253 OBRA-90 P.L. 101-508 Sections 4702-4703 P.L. 102-234 P.L. 103-66

Medical and Remedial Care and Services Item 1 (cont'd.)

E. Additional Disproportionate Share to Private Hospitals for Indigent Care (Free Care) - July 1, 1994 through June 30, 1995

In addition to the six (6) private hospital pools based on Medicaid days described above, the Bureau will continue to reimburse qualifying private hospitals (non-public hospitals which meet the qualifying criteria in Item 1.D.1. a-e per their latest filed fiscal year-end cost report as of March 31st of each year) an additional disproportionate share adjustment payment based on the hospital's number of indigent care days provided under an indigent care plan approved by the Bureau.

### 1. Qualification

Only those non-public disproportionate share hospitals which qualified for DSH payment per the cost report for the year ended during the period April 1 through March 31 of the previous year and which provided indigent inpatient days under an indigent care plan approved by the Department effective within the State fiscal year used as the base for this payment shall be eligible to receive an additional DSH payment for indigent care.

### 2. Calculation

Qualifying hospitals' total indigent care DSH payment adjustment shall be equal to each hospital's Medicaid per diem equivalent amount, as defined in paragraph E.3.a., multiplied by that hospital's number of indigent care days provided, as defined in paragraph E.3.b.

TN# 1529 Approval Date 12-19-00

Effective Date 01-01-95

Supersedes 73